Helping the Infection Control Coordinator Build a Framework for the safestdentalvisit™

OSAP continues to support The Safest Dental Visit, an educational program based on authoritative best practices and supported by behavioral change tools including Infection Control in Practice. This year Infection Control in Practice will provide the infection control coordinator with a framework to establish a high quality infection control program and maintain the Safest Dental Visit. This guide can be used as a tool to spark discussion during a morning team huddle, at a staff meeting or within an educational presentation.

TEAM HUDDLE: The Plan for Establishing a High Quality Infection Control Program - Building a Framework for the Safest Dental Visit™

Set Goals to Motivate for the Safest Dental Visit™

Persons desiring to become an Infection Control Coordinator (ICC) may need to propose such a position to their employer. The infection control coordinator needs to take ownership of the coordinator responsibilities, assess the current status of the infection control program, set some measurable goals for the coming year and develop a plan to achieve those goals, and will need to evaluate the effectiveness of the program. This issue of ICIP will concentrate on setting a sample goal to motivate the dental team toward a culture of safety.

LEARNING OBJECTIVES

After reading this publication, the reader should be able to:

• describe an approach to motivate the dental team to practice proper infection prevention and control.
• describe an approach to maintaining a culture of safety.
• describe how to build a framework for the Safest Dental Visit™.
The Incident

Dr. Nester’s two-year old general dentistry practice included a full-time hygienist and one dental assistant (Jewel). The practice was beginning to expand due to new housing developments nearby. So Dr. N appointed Jewel as the ICC and hired a second dental assistant (Harper) as a chairside assistant in the second operatory and also to help with instrument processing. Jewel was an experienced assistant and active member of OSAP.

A month after Harper was hired Dr. N asked Jewel to observe and evaluate Harper’s infection control activities. A week later Jewel discussed her evaluation with Dr. N. and explained: “Harper is inconsistent when disinfecting surfaces, neglecting to always pre-clean surfaces and often leaving the spray disinfectant on the surface for just a few seconds before wiping it dry which negates the disinfectant’s efficacy. She also uses one paper towel to wipe down several surfaces in the operatory. The other day I also noticed she didn’t change the light handle and light switch surface barriers after Mrs. Day’s appointment. She also used exam gloves rather than utility gloves for operatory clean-up and instrument processing, and she did not wear a mask or eyewear during instrument processing.”

Dr. N said: “She is excellent at chairside but let’s make it a goal to review our SOPs with her again and ask her if she is having any challenges in adhering to our infection control procedures. We need to ensure she understands our culture of safety in the office.”

Jewel suggested: “I can also introduce her to the Safest Dental Visit™ resources that we have through OSAP. Learning more about how we value patient safety will help her understand why it is important to follow our SOPs.”

Since Harper did not have specific training in infection control, she was a little intimidated when she started working for Dr. N. She was very happy that Jewel took a positive approach to share her infection control knowledge. After a little retraining Harper became a valuable asset for the practice.

Potential Consequences

The goal of infection prevention and control is to reduce the dose of microorganisms that may be shared between individuals or between individuals and contaminated surfaces, which includes instruments. Infection prevention is a precise science, and if not performed correctly, it will not prevent the spread of pathogenic microbes, and this may result in the spread of disease. The logic for routinely practicing infection control is that the procedures involved interfere with the steps in development of infectious diseases, also referred to as the chain of infection. All patient treatment can lead to the transmission of infectious disease if meticulous infection control protocols are not followed. It only takes one breach that could cause a serious outcome (e.g., one dirty instrument; one reused needle; one injury with a contaminated sharp; one sterilization failure).

It’s not enough to know the CDC recommendations for reprocessing contaminated instruments. Application of the recommendations, including following manufacturer’s instructions for use (IFU), must be mastered to ensure the Safest Dental Visit™.

Prevention

The details of the actual infection prevention and control procedures as outlined in properly prepared SOPs must be mastered to meet recommendations and regulations and to ensure the Safest Dental Visit™. Successful infection prevention and control is based upon routinely following accepted standardized procedures. Unfortunately, routine activity that is not monitored can lead to complacency, and for some (like Harper) it can lead to a feeling that cutting corners won’t matter and it will save a little time. The problem is that there are not many ways to immediately monitor the success of infection prevention procedures (one exception is sterilization...
monitoring), so when some corners are cut, adverse consequences may not be readily noticed. For example, cross-contamination could lead to an infection not noticed until days later, and the connection to infection control breaches never made.

Precleaning prior to disinfection is important to reduce the bioburden, which gives the disinfectant the best chance to work and kill the remaining microbes. There are no set rules on the number of wipes that should be used to clean or disinfect multiple surfaces; however, when the wipe is no longer releasing disinfectant, it should be discarded. Of course the safest approach is to use a fresh cleaning and disinfecting wipe for each surface.

Some Related CDC Recommendations:

• “Establish routine evaluation of the infection prevention program, including evaluation of dental health care personnel (DHCP) adherence to infection prevention practices.”¹

• “Clean and disinfect clinical contact surfaces that are not barrier-protected with an Environmental Protection Agency (EPA)-registered hospital disinfectant after each patient.”²

• “Do not use liquid chemical sterilants/high level disinfectants for disinfection of environmental surfaces.”³

• “Written policies and procedures are available for routine cleaning and disinfection of environmental surfaces (e.g., clinical contact and housekeeping).”⁴

• “Cleaning, disinfection, and use of surface barriers are periodically monitored and evaluated to ensure that they are consistently and correctly performed.”⁴

• “Follow manufacturer instructions for use (IFU) of cleaners and EPA-registered disinfectants (e.g., amount, dilution, contact time, safe use, and disposal).”⁵

• “Wear puncture-resistant/heavy duty utility gloves for instrument processing and decontamination procedures.”⁶

• “Wear a surgical mask and eye protection with solid side shields or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures likely to generate splashing or spattering of blood or other body fluids.”⁶

 flu season is here again
The CDC recommends influenza vaccination for all healthcare workers. You can get influenza from anyone, and you can spread it to others even when you don’t feel sick. If you get influenza you can spread it to your friends, your family at home, and also your patients at work. Get Vaccinated!
**Table 1: MEASURABLE STRATEGIES FOR THE INFECTION CONTROL COORDINATOR**

*The Annual Plan to Build a Framework for the Safest Dental Visit™*

<table>
<thead>
<tr>
<th>STEPS (and suggested timing)</th>
<th>EXAMPLES OF TOOLS TO USE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FEBRUARY - MARCH</strong></td>
<td></td>
</tr>
<tr>
<td>• Seek any necessary training</td>
<td>4. Tools and resources for the ICC. <em>Infect Ctrl in Pract</em> 2015; 14 (No 5 – October).</td>
</tr>
<tr>
<td>• Inform OSAP of your ICC title/position: receive a free 12-month planning guide</td>
<td></td>
</tr>
</tbody>
</table>

| **APRIL - MAY**             |                           |
| • Assess current infection control program | 1. Tools and resources for evaluating an infection control program. *Infect Ctrl in Pract* 2015; 14 (No 6 - December). |
| • Identify issues | 2. Set the stage for maintaining the Safest Dental Visit™. *Infect Ctrl in Pract* 2015; 14 (No 1- February). |
| • Have everyone participate |                           |

| **JUNE - DECEMBER**         |                           |
| • Set two infection control goals and dates for completion based upon issues identified | 1. Safety Culture. *Infect Ctrl in Pract* 2014; 13 (No 1 - March). |
|                           | 2. [http://www.osap.org/page/NewCDCSummary](http://www.osap.org/page/NewCDCSummary) |
|                           | 4. Identify special celebratory activity for everyone’s participation (e.g., luncheon) |
|                           | 5. Recognize specific improvements with a fun award |

| **SAMPLE GOALS** |                           |
| - Review new CDC Summary and Compliance checklist information on the OSAP website to understand what they are and how to apply them to your dental practice |                           |
| - Ensure the practice is in compliance with the GHS* deadline |                           |
| - Confirm and maintain proper instrument processing |                           |
| - Motivate all to participate in a culture of safety and to achieve goals |                           |
| - Use the Team Huddle to be positive with a “can-do” attitude, be a motivational role model, use positive reinforcement, and use periodic reminders of the goals |                           |
| • Evaluate progress (See progress log on page 6 -Table 2) |                           |

| **DECEMBER**             |                           |
| • Review achievements |                           |
| • Celebrate success |                           |

*GHS - Globally Harmonized System of Classification and Labeling of Chemicals is now a part of OSHA's Hazard Communication Standard.*

- Review the current status of Safety Data Sheets (SDS).
- Review the current inventory, consider elimination of any products no longer used.
- Educate supply personnel to retain any SDS received. (Note: Manufacturers are only required to provide the SDS with the first shipment or if there are changes to the document).
- Review new SDS for any change in hazards associated with the use of the product and educate staff.
- Update any alternative workplace labeling used, update the Hazard Communication Program, provide any additional training on newly identified physical or health hazards no later than June 1, 2016.
What’s Wrong With This Picture?

Can you identify the breach(s) in infection prevention and safety procedures in this photo taken during a treatment procedure? Check your answer below.

OSAP 2017 Dental Infection Control Boot Camp

DATE: January 9-12, 2017  LOCATION: Atlanta, GA

Core training for infection prevention.

OSAP Boot Camp is a crucial building block for dental professionals with infection control responsibilities. The course is targeted to infection control coordinators, educators, compliance officers, Federal Service employees, consultants, and is useful for sales and marketing professionals who want to gain a CORE level of infection control competency. Earn 24 hours of CE credit. Space is limited.

Save on Early Bird registration until October, 31, 2016.

For details visit: http://www.osap.org/page/2017BootCamp

In Case You Missed It!

OSAP designated September as Dental Infection Control Awareness Month (DICAM) to promote and support the dental community’s commitment to infection control with educational resources. DICAM resources are customized to suit the educational needs of dental practices, educators, dental consultants, and the dental trade. Access these FREE resources here: http://www.osap.org/page/DICAM2016

Join Us in Building Patient Trust. We’ll Give You The Resources You Need to Participate.

Thanks to our sponsors

OSAP thanks the following companies that help to underwrite each issue of this special series of Infection Control in Practice Team Huddle™ in 2016.

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**Glossary**

**Contact time:** The length of time a disinfectant or sterilant is to be in contact with the surface/item being treated to achieve the microbial kill indicated by the manufacturer.

**EPA-Registered disinfectant:** A product whose label claims have been evaluated by the EPA based on information provided by the product manufacturer. Such products have a unique EPA registration number on the product label.

**Links to Resources**


3. **Hyacinth, B.** How to motivate your employees in 10 easy steps. Accessed July 2016 at: https://www.linkedin.com/pulse/how-motivate-your-employees-10-easy-steps-brigette-hyacinth


**Table 2: EVALUATE YOUR PROGRESS BASED ON THE PLAN** Check Yes/No in each box to indicate if item has been completed.

<table>
<thead>
<tr>
<th>FEB - MAR</th>
<th>APR - MAY</th>
<th>JUNE - JULY</th>
<th>AUG - SEPT</th>
<th>OCT - NOV</th>
<th>DEC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Has Been Developed □ Yes □ No*</td>
<td>Assessment Made □ Yes □ No*</td>
<td>Goal 1 Met □ Yes □ No*</td>
<td>Goal 1 Met □ Yes □ No*</td>
<td>Goal 1 Met □ Yes □ No*</td>
<td>Goal 1 Met □ Yes □ No*</td>
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<td>Issues Identified □ Yes □ No*</td>
<td>Goal 2 Met □ Yes □ No*</td>
<td>Goal 2 Met □ Yes □ No*</td>
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<td>Identified ICC Training Needed □ Yes □ No*</td>
<td>Goal 1 Identified □ Yes □ No*</td>
<td>Culture of Safety Started □ Yes □ No*</td>
<td>Culture of Safety Achieved □ Yes □ No*</td>
<td>Culture of Safety Achieved □ Yes □ No*</td>
<td>Culture of Safety Achieved □ Yes □ No*</td>
</tr>
<tr>
<td>OSAP Informed □ Yes □ No*</td>
<td>Goal 2 Identified □ Yes □ No*</td>
<td></td>
<td></td>
<td></td>
<td>Success Celebrated □ Yes □ No*</td>
</tr>
</tbody>
</table>

* If no, describe how to achieve:  

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GET YOUR CE CREDIT ONLINE

OSAP is recognized by the American Dental Association as a CERP provider.*

Follow the instructions below to purchase and complete the quiz to receive 1 hour of CE credit.

**Step 1:** Go to http://bit.ly/OSAPICIOCT2016 and purchase the CE exam through the OSAP Store. OSAP members, 1 CE credit $15. Non-members, 1 CE credit $20.

**Step 2:** OSAP will send you a purchase confirmation email and a separate email with the link to the online CE exam. Click on that link to access the exam.

**Step 3:** Complete the online exam. You have 2 attempts to pass with 7 out of 10 correct answers. When finished, you can print out or download your CE record of completion for your records. Your record of completion will also be emailed to you.

**QUESTIONS FOR ONLINE QUIZ**

1. **What is the importance of precleaning prior to disinfection?**
   a. It gives the disinfectant the best chance to work
   b. If done carefully it eliminates the need for disinfection
   c. It protects the surface from damage by the disinfectant
   d. It reduces the required contact time of the disinfectant

2. **In one approach to employee motivation what would be least productive?**
   a. Top management needs to be available and listen to employees
   b. All new ideas need to come from top management
   c. Keep employees up-to-date on office activities
   d. Grant time off for important activities

3. **What is a CDC recommendation about operatory cleanup?**
   a. Use a liquid sterilant/high level disinfectant to disinfect all operatory surfaces
   b. Use disinfectant wipes rather than sprays for operatory cleanup
   c. Cleaning, disinfection, and use of surface barriers are periodically monitored and evaluated to ensure they are consistently and correctly performed
   d. After each patient remove surface barriers, clean and disinfect the underlying surface then add fresh surface barriers

4. **What is a CDC recommendation about instrument processing?**
   a. Soak all contaminated instruments in a liquid sterilant before heat sterilization
   b. Wear puncture-resistant/heavy duty utility gloves for instrument processing and decontamination procedures
   c. Instrument cassettes are to be wrapped after heat sterilization to prevent recontamination of the instruments inside
   d. Scrub all instruments with a stiff brush before ultrasonic cleaning to ensure removal of all bioburden

5. **What is a CDC recommendation about program evaluation?**
   a. Establish routine evaluation of the infection prevention program, including evaluation of DHCP adherence to infection prevention practices
   b. Evaluate the infection prevention program monthly using written standard operating procedures and the Bloodborne Pathogens Standard
   c. Evaluate the infection prevention program by interviewing all dental team members about their compliance activities
   d. Use a third party to evaluate the infection prevention program

6. **When should DHCP first be introduced to the office’s culture of safety?**
   a. During their first participation in the overall infection prevention program evaluation
   b. Just before caring for their first infectious patient
   c. After their first exposure incident
   d. When they are first hired

7. **What does the CDC recommend to use for surface disinfection?**
   a. Liquid sterilant
   b. High level disinfectant
   c. EPA-registered hospital disinfectant
   d. A mixture of 1:100 bleach and an iodophor

8. **What is the least helpful action that can be taken by employers to help ensure a safety culture in the workplace?**
   a. Wear heavy utility gloves when recapping contaminated needles by hand
   b. Openly supporting the safety culture through supply of resources
   c. Engaging worker participation in safety planning
   d. Having written safety guidelines and policies

9. **What would be the least helpful information provided in a disinfectant manufacturer’s IFU?**
   a. Amount
   b. Dilution
   c. Disposal
   d. Cost per ounce

10. **What is the meaning of a disinfectant’s contact time?**
    a. The time the unopened product remains active
    b. The time the product remains active after its container is initially opened
    c. The time the surface/item being treated is to be exposed to the product
    d. The time it took the product to be shipped from the manufacturer to the place of use

**KEY TAKEAWAYS**

1. Reviewing your culture of safety helps maintain a protective environment for the dental team and for patients.
2. Having your entire dental team review your culture of safety can help address the need for any infection control motivation needed and helps build team spirit.
3. Routinely performing infection prevention and control procedures the correct way helps fight complacency.

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TEAM HUDDLE HIGHLIGHTS

1. Are you building a framework for the Safest Dental Visit™?
2. Do you need to set goals to address any deficiencies in your instrument processing program?
3. Is your culture of safety working?
4. Does your dental team need infection prevention motivation?

Read on!